

9 FAM 42.66 NOTES

(CT:VISA-666; 12-22-2004)
(Office of Origin: CA/VO/L/R)

9 FAM 42.66 N1 VALIDITY PERIOD OF APPLICANTS' MEDICAL EXAMINATION

(CT:VISA-666; 12-22-2004)

The U.S. Public Health Service (USPHS)/*Centers for Disease Control and Prevention (CDC)* has informed the Department that the medical examinations conducted in connection with immigrant visa applications *with no Class A or tuberculosis (TB) condition* has a maximum validity of one year. If an alien has been examined more than six months prior to the issuance of the visa, the consular officer shall limit the visa's validity to a period of less than six months. If the alien cannot arrive in the United States within one year of the date of the medical examination, the alien must repeat the examination.

9 FAM 42.66 N2 REFERRAL OF DOUBTFUL CASES BY PANEL PHYSICIANS

9 FAM 42.66 N2.1 Cases to be Referred Locally if Possible

(CT:VISAS-666; 12-22-2004)

Since USPHS/*CDC* does not *currently* have physicians stationed abroad to whom panel physicians may refer doubtful cases, consular officers should inform local panel physicians that whenever further medical consultation is deemed advisable, the applicant should be referred to an appropriate local specialist at the applicant's expense. Under generally accepted medical procedures, the specialist should report the findings and opinion to the panel physician who remains responsible for the completion of Form DS-2053, Medical Examination for Immigrant or Refugee Applicant, Form DS-3026, Medical History and Physical Examination Worksheet, Form DS-3024, Chest X-ray and Classification Worksheet, and Form DS-3025, Vaccination Documentation Worksheet, and final results of the medical examination.

9 FAM 42.66 N2.2 Referral to USPHS/CDC in Rare Instances

(CT:VISA-666; 12-22-2004)

- a. In those comparatively rare instances where no local specialist is available for consultation, local panel physicians shall refer specific problems to USPHS/CDC at the following address:

Chief
Immigrant, Refugee, and Migrant Health
Division of *Global Migration and Quarantine*, (MS-E03)
Centers for Disease Control *and Prevention*
Atlanta, Georgia 30333

- b. In submitting medical questions relating to diseases of the chest, the panel physician shall furnish the following:
- (1) A complete medical history including history of the clinical course of the disease;
 - (2) Bacteriological studies (*AFB smears or culture results*);
 - (3) Description of X-ray findings (transmit all X-rays);
 - (4) Detailed account of treatment (chemotherapy and other); and
 - (5) Organism resistance studies, if done.

If the problem relates to mental illness, the panel physician shall furnish the following information:

- (1) A complete medical history of the alien, including details of any hospitalization or institutional care or treatment for any physical or mental condition;
- (2) Findings as to the current physical condition of the alien, including reports of chest X-ray examination and of serologic testing for syphilis and Human Immunodeficiency Virus (HIV) infection if the alien is 15 years of age or older, and other pertinent diagnostic tests; and
- (3) Findings as to the current mental condition of the alien, with information as to prognosis and life expectancy and with a report of a psychiatric examination conducted by a psychiatrist who, in case of mental retardation, shall also provide an evaluation of intelligence.

For an alien with a past history of mental illness, the medical report shall also contain information on which the USPHS/CDC can base a finding as to whether the alien has been free of such mental illness for a period of time sufficient in the light of such history to demonstrate recovery.

9 FAM 42.66 N3 CHEST X-RAYS, SEROLOGIC TESTS AND X-RAY REQUIREMENT FOR PREGNANT WOMEN

9 FAM 42.66 N3.1 Chest X-ray and Serologic Tests

(CT:VISA-666; 12-22-2004)

The regulations of the USPHS [42 CFR 34.3(b)(I)(v)] provide that neither a chest X-ray examination nor a serologic testing for syphilis and HIV infection shall be required if the alien is under the age of 15. *However, a chest X-ray is required for aliens under the age of 15 if symptoms of tuberculosis exist, there is a history of tuberculosis, or there has been possible exposure of tuberculosis with a known case (such as contact with a family or household member with tuberculosis).* A serologic test may be required where there is reason to suspect infection syphilis or HIV (*i.e. the child has a parent with HIV or syphilis infection*).

9 FAM 42.66 N3.2 X-Ray Requirement for Pregnant Women

(CT:VISA-666; 12-22-2004)

U.S. Public Health Service (USPHS)/Centers for Disease Control and Prevention (CDC) has approved an exception to the chest X-ray requirement for pregnant women who are required to have a medical examination in connection with the issuance of a visa. For the health of the applicant and her unborn child, USPHS/CDC requests that she be counseled regarding the advisability of obtaining a tuberculin skin test and any necessary follow-up at the local health department after she arrives in the United States.

9 FAM 42.66 N4 PANEL PHYSICIANS

(CT:VISA-666; 12-22-2004)

There are no specific regulations governing the selection of panel physicians. *The consular officer has the authority to appoint them without prior approval from the Department. However, the USPHS/CDC Division of Global Migration and Quarantine oversees and monitors panel physician activity in collaboration with the Bureau of Consular Affairs. The USPHS/CDC has provided guidelines on how to select a panel physician (see FAM 42.66 Exhibit II). The USPHS/CDC recommends that consular officers, in selecting panel physicians, seek the advice of the local medical community, medical associations in the area, and any U.S. Government physicians who may be available locally. Posts shall have current written agreements with panel physicians (See 9 FAM 42.66 Exhibit I for text of sample written agreement. See also 9 FAM 42.66 Exhibit II, "How to select a Panel Physician and Monitor the Medical Examination for Immigration Visa".)*

9 FAM 42.66 N4.1 Criteria for Appointment of Panel Physician

(CT:VISA-666; 12-22-2004)

USPHS/CDC recommends that the following criteria be applied, when possible, in the appointment of panel physicians:

- (1) The physician must have satisfactorily completed medical education and have a medical degree from an accredited medical school;
- (2) The physician should have special competence in the diagnosis and treatment of individuals with tuberculosis and venereal diseases and should be able to recognize mental illness;
- (3) The physician should have demonstrated competence to perform large numbers of examinations for specific purposes, such as insurance, industrial employment, etc., (this point is less important for a post where there is a limited number of medical examinations); and
- (4) The physician should have reliable X-ray facilities or access to such facilities and should be able to make arrangements for laboratory work to be performed by a laboratory of recognized competence.

9 FAM 42.66 N4.2 Small Number of Panel Physicians with Convenient Offices

(CT:VISA-666; 12-22-2004)

The USPHS/*CDC* recommends that the number of examining physicians be kept to a minimum and that a high percentage of the visa medical examinations be done by no more than two physicians. Additional physicians may be appointed at posts with a large volume of cases or in the event of a protracted illness or extended absence of a physician. To enable the consular officer to minimize possible fraud (see 9 FAM 42.66 PN2) and for better communications with the examining physician, it is best to have the physician's examining facility located near the visa issuing post. The Department is aware, however, that because of considerations such as distance and cost to the alien, many posts feel obligated to approve greater numbers of panel physicians in scattered locations under their jurisdiction.

9 FAM 42.66 N4.3 Use of Hospital Physicians for Examinations

(CT:VISA-666; 12-22-2004)

When the post uses the facilities of a hospital with a large number of doctors and where there is normally a large turnover of doctors, USPHS/*CDC* suggests that the post appoint two hospital physicians to be responsible and accountable for the medical examinations and authorized to sign the Form DS-2053, Medical Examination For Immigrant or Refugee Applicant. Sample signatures of these physicians should be kept on file at the post.

9 FAM 42.66 N4.4 Fee for Medical Examination by Panel Physician

(TL:VISA-3; 08-30-1987)

The fees charged for the medical examination, chest X-ray and serological tests are to be decided on by the consular officer and the selected physician and should be governed by prevailing medical fees charged within the country for similar services.

9 FAM 42.66 N4.5 USPHS/CDC Regulations Governing Medical Examinations

(CT:VISA-666; 12-22-2004)

- a. USPHS/CDC regulations relating to medical examinations of applicants are contained in 42 CFR 34. For specific instructions for performance of medical examinations (see Technical Instructions for Panel Physicians). Each panel physician should have his or her own personal copy of these instructions.
- b. On July 30, 2001, *the CDC* posted instructions to panel physicians for completing U.S. Department of State Form DS-2053, Medical Examination For Immigrant or Refugee Applicant, and associated worksheets, Form DS-3024, Chest X-Ray, Form DS-3025, Vaccination Documentation Worksheet, and Form DS-3026, Medical History and Physical Examination Worksheet. (See CDC's Instructions for Department of State Forms.)
- c. Please provide a copy of these instructions to your panel physicians. These instructions are also available from the consular affairs intranet home page under the visa office links. (See CA/VO/Field Support.)

9 FAM 42.66 N5 COMMUNICABLE DISEASES OF PUBLIC HEALTH SIGNIFICANCE DESIGNATED BY USPHS/CDC

(CT:VISA-666; 12-22-2004)

USPHS/CDC has designated the following as *communicable diseases of public health significance*:

- (1) Chancroid;
- (2) Gonorrhea;
- (3) Granuloma inguinale;
- (4) Human immunodeficiency virus (HIV) infection;
- (5) Leprosy, infectious;
- (6) Lymphogranuloma venereum;
- (7) Syphilis, infectious stage; and

(8) Tuberculosis, active.

9 FAM 42.66 N6 DIVULGENCE OF CONTENTS OF MEDICAL EXAMINATION REPORTS

(TL:VISA-285; 05-17-2001)

Consular officers shall be guided by the information in 9 FAM 40.4 N3 in responding to inquiries on individual visa cases and grounds of visa ineligibility for medical reasons. Consular officers should not divulge the particulars of an applicant's general physical and mental health. The inquirer should be told only that the applicant has been found to be medically qualified for a visa. The inquirer should be referred to the visa applicant for further information.

9 FAM 42.66 N7 CONFIDENTIALITY OF REPORTS RECEIVED FROM USPHS

(CT:VISA-666; 12-22-2004)

Consular officers receiving reports from the USPHS/*CDC* in response to direct requests for review shall inform inquirers that the report has been received. Consular officers should furnish additional information only as consistent with the requirements of INA 222(f) concerning the confidentiality of records pertaining to the issuance or refusal of visas.